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SERIAL NUMBER 10/698,047	FILING DATE 10/30/2003 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. VI/99-016.CIP.C
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APPLICANTS

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** CONTINUING DATA *****
 This application is a CON of 09/715,330 11/17/2000 PAT 6,643,537
 which is a CIP of 09/365,278 07/30/1999 PAT 6,339,718 *gh*

** FOREIGN APPLICATIONS *****
None gh

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 21	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met
☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature *gh* Initials

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TITLE
 Fluid injection system providing visual stimuli

<input type="checkbox"/> All Fees

FILING FEE RECEIVED 1008	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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